

**CLAIMS ONLY**

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
1							51			
2							52			
3							53			
4							54			
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43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	✓						TOTAL IND.			
TOTAL DEP.	17	◀	◀	◀			TOTAL DEP.	◀	◀	◀
TOTAL CLAIMS	19	██████	██████	██████	██████		TOTAL CLAIMS	██████	██████	██████

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS